



**Form
CG-2**
State Form 45381
(3-04)

Indiana Department of Revenue
Annual Bingo and/or Pull Tab Application
For First Time Applicants

For Official Use Only
License Fee Paid _____
Date Received _____
Reviewed By _____
Date Entered _____

◀ Processing of this application can take up to 120 days. ▶

1. Name of Organization (Please type or print)				2. Indiana Taxpayer Identification Number (TID)	
3. Previous Name of Organization (If name changed)				4. Federal Identification Number (FID)	
5. Street Address of Principal Office (As it appears on the Charity Gaming Qualification Application, Form CG-1)					
City	State	Zip Code	County	Daytime Telephone Number ()	
6. On which days of the week and during what hours will your bingo event be conducted? (A.M. establishes the midnight hour, P.M. establishes the noon hour). (Time is limited to no more than 8 consecutive hours per session).					
Day _____		Hours _____		M to _____ M	
Day _____		Hours _____		M to _____ M	
Day _____		Hours _____		M to _____ M	
				<input type="checkbox"/> Check this box if you wish to sell pull tabs, punchboards, and tip boards only , and not play bingo. (Also complete lines 7 through 28).	
7. Street address of the facility where the bingo and/or pull tab event will be conducted and the DBA name (Doing Business As), if applicable.					
City	State	Zip Code	County	Daytime Telephone Number ()	
Leasing Information					
Attach additional sheets if necessary to supply all information for each line.					
8. Does your organization own _____, lease (rent) _____, or use a donated _____ facility where the licensed event will be conducted? (Check one)					
<ul style="list-style-type: none">• If leased (rented), enter name and address of lessor and attach a copy of your signed lease agreement.• If donated, enter name and address of donor and attach a notarized statement from the donor that the facility is being offered rent free.					
Name of Lessor/Donor (Full legal name)			Address		
City	State	Zip Code	County	Daytime Telephone Number ()	
9. Is any tangible personal property (i.e. tables, chairs, bingo blowers, etc.) being leased or donated to you for this event? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If you answered Yes, list the name and address of the lessor or donor. Attach a signed copy of the lease agreement or donation statement from the donor. Note: Bingo equipment must come from a licensed distributor and/or manufacturer.					
Name	Address		City	State	Zip Code
10. Does your organization own bingo equipment? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If you answered Yes, list the distributor/manufacturer's name, date of purchase, purchase price, and type of equipment purchased.					
If you answered No, provide information on the distributor/manufacturer where equipment will be purchased.					
Name of Distributor/Manufacturer	Date of Purchase	Purchase Price	Equipment Type		

▲ Attach License Fee Here ▲

Operator and Worker Information

11. List below each bingo operator who will supervise, manage, and be responsible for the operation and conduct of the gaming event. Attach additional sheets if necessary. Please type or print. Note: All operators, must be Indiana residents.

Name	Home Address (Street, City, State, Zip Code)	Social Security Number	Date of Birth	Daytime Telephone Number	No. Active Years/Group	Member	Bartender
				()			
				()			
				()			
				()			
				()			

12. Please list the name from Line 11 of the principal person in your organization who has overall responsibility for the operation and control of this charity gaming event. Please type or print.

X _____

13. Are any of the operators listed on Line 11 also operators for any other organization's charitable gaming events? Yes ☐ No ☐ If yes, list each individual's name, name of organization, and the month(s) that they will operate other gaming events. Attach additional sheets if necessary.

14. List **all** individuals (excluding operator information on Line 11) who will assist and work in the operation of the licensed event. Attach additional sheets if necessary. Please type or print. Note: All workers must be Indiana residents or meet the criteria prescribed under 45 IAC 18-1-43.

Name	Home Address (Street, City, State, Zip Code)	Social Security Number	Date of Birth	Daytime Telephone Number	No. Active Years/Group	Member	Bartender
				()			
				()			
				()			
				()			
				()			

15. Have any operators or workers listed above, or on any attachments, been convicted of a felony in any jurisdiction? Yes ☐ No ☐ If you answered Yes, list each name and date of conviction. Attach additional sheets if necessary.

16. Are all Operators/Workers in good standing with the Department pursuant to 45 IAC 18-1-26? Yes ☐ No ☐ If you answered No, these individuals are not eligible to operate/work your event.

Concession Information

- 17a. Will concessions be offered during the licensed event? (Check one) Yes ☐ No ☐

If Yes, complete the following information.

If the concessionaire is required to have a retail merchant certificate enter that number in the box provided.

Name of organization offering the concessions	Indiana Retail Merchant Certificate Number
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- 17b. Which of the following will your organization be receiving? (Check one)

_____ All of the concession income

_____ A flat fee concession payment

_____ A percentage of the concession income

_____ Other (explain) _____

Game and Prize Information

18. Will your organization be conducting a door prize drawing during the bingo event? Yes ☐ No ☐
19. Will your organization be selling pull tabs, punchboards, and tip boards? Yes ☐ No ☐
20. You may request special permission to increase certain prize limitations. See Charity Gaming Publication 2 for more information.

Manufacturer and Distributor Information

21. List the manufacturer(s) and/or distributor(s) from whom you currently intend to purchase bingo supplies, pull tabs, punchboards, or tip boards. Attach additional sheets if necessary.

Name	Address	City	State	Zip Code	Items

Financial Information

22. Where will the charity gaming financial records be maintained?

Address		
City	State	Zip Code

23. Name, address, and telephone number of the person maintaining these records. (The person maintaining these records should be listed as an Operator on Line 11 on page 2.)

Name		Address	
City	State	Zip Code	Daytime Telephone Number ()

Note: All net proceeds from an allowable event and related activities may only be used for the lawful purposes of the qualified organization. I.C. 4-32-9-16.

24. List the organization's banking information. (Attach additional sheets if necessary.)

Name of Bank		
Street Address		
City	State	Zip Code
Name of Account	Account Number	Type of Account (checking, savings, CD)
Name of Gaming Account	Account Number	Type of Account (checking, savings, CD)

Previous Charity Gaming License Information

25. Has your organization been previously licensed by the Indiana Department of Revenue to conduct annual bingo events?

Yes* ☐ No ☐

26. Has your organization ever had a prior charitable gaming application denied by the Indiana Department of Revenue or had its license suspended or revoked?

Yes* ☐ No ☐

*If yes, list the reasons why your license was denied, suspended, or revoked.

License Fee Information

27. The license fee for an organization's first Annual Bingo and/or Pull Tab License is \$25.00 and must be paid with this application. The fee should be paid by a check drawn from your nonprofit checking account. Make your check payable to: **Indiana Department of Revenue**.

28. Certification

We certify under penalty of perjury that the organization applying is a qualified organization, and there are no misrepresentations or falsifications in the information stated. We understand false or misleading statements will cause rejection of this application or revocation of future license(s). We attest that we reside in the same county where the licensed event will be held.



Signature of Officer

Officer's County of Residence

Date

Printed Name of Officer



Signature of Officer

Officer's County of Residence

Date

Printed Name of Officer

Send this application and \$25.00 fee to:

Indiana Department of Revenue
Charity Gaming Section
100 N. Senate Avenue - Room N203
Indianapolis, IN 46204
Phone: (317) 232-4646